

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/19/03</u>		2 Serial/Patent # <u>09/581,651</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	27	11/6/03	\$ 110 —							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 110 —								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>6</td><td>--</td><td>2</td><td>2</td><td>3</td><td>0</td></tr></table>			1	6	--	2	2	3	0
1	6	--	2	2	3	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
USPS error - paper lost											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Tannouse</u>		TITLE: <u>Pet. Atty</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-5200</u>									
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/20/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/581651

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	91 minus 20 = *	71
INDEPENDENT CLAIMS	24 minus 3 = *	21
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
X\$18=	1278
X78=	1638
+260=	260
TOTAL	4016

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.